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Ref Gladys Richards DOB Code A
Died 21-8-88 JTH.

No Analgesia necessary!

Tuesday 11th Aug. Admitted from Haslar. Able to walk - pain free

Wednesday 12. Dementia mis-read. Diamorphine given - (knocked off) some fluids etc could be given. Thought her dementia was worse!

THURSDAY 13 Aug.

Seen to be in pain by Granddaughter. Code A 1.30 - 2.15pm

Brought to ward staff's attention. Thought to be dementia, the

Mother shouting with pain. Code A brought to the attention of the staff that Mum had a great pain in her hip (for your info see is a qualified nurse) Lh.

- ① At what time did Mrs Richards feel?
- ② Who attended to her.
- ③ Who moved her and how.
- ④ I arrived and saw my mother was in pain. Anxious

expression, weeping - calling out. I spoke to several trained and untrained staff. I was told - there is nothing wrong - it's her dementia. I asked had she seen a doctor? I was then told she had fallen from her chair?

Could she be X-rayed? At supper time while my mother was quiet and I was reassembling her some soup I was asked "Do you think your Mother is in pain?" by RN doing the drug round. "Not at the moment while I'm feeding her?" I said "Well you said she was in pain". "Yes" I said "she has been very uncomfortable" since I got here. "Do you think she has done some damage?" "No" she only fell on her bottom from the chair" I stayed till 7.45pm by mother was in distress through out.

At 9.30pm. I received a phone call from the ward. "When we put your Mother to bed she was in great pain and she may have done something". The Doctor feels it's too late to send her to Haslar and our X-ray unit is closed. We will give her diamorphine for the night to keep her pain free and X-ray here in the morning."

This was an avoidable delay. Why? Any lay person could have seen she was hurt by the angle of her leg & thigh Lh.

FRIDAY 14th. I arrived as she was taken to X-ray

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She was deeply under with oramorph.

She was xrayed. The movement caused pain, and I stayed with her to comfort her.

We returned to the ward. I was called in to the office by Philip - ward manager and DR Barton to be told - "You're worst fears of last night appear to be true. We have rung Hasler and they have accepted her back." We arrived at Hasler, late morning - mid day. She was expected. The consultant was bleppod. He saw Potter in Casualty immediately. He then saw me. He showed me the Xrays and position of limb - which I had seen in G.W.H.

24 hrs from accident to admission and second emergency operation. Why? why no examination? why no xray? why no transfer?

She arrived at Hasler and within 1hr had a manipulation to put the hip back in the socket. From then she was pain free.

She did not regain consciousness till 1am (ish) on Sat 15th due to amount of analgesia required for the procedure. She was then catheterised so that there was no need to use slipping pa. She had a drip as she had had Nil by mouth since before Xrays on 14th.

She remained pain free in full length leg splint, both legs level and straight - shown to me by consultant. No analgesia was required - she was able to use a commode for the toilet and weight bear for transfer. She ate and drank and the drip was removed and her fluid balance was acceptable.

She progressed on Sunday and was easily manageable. She was seen early on Monday 17th when transfer back was recommended. I rang Hasler at 8.30am to be told she would be going A.M. I asked if I should come & pack & accompany her and they said "No need

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she is fine." I went to G.W.H about 10.45am and was told the ambulance was due about midday. I arrived back at 12.15 mid day.

On entering through the swing doors to the ward I heard my Mother screaming. On arrival to the room a care assistant said, "You try feeding her I can't do it she is screaming all the time". My Mother had a starving anxious expression. She was gripping her RV thigh on site tightly. She uttered the words "Do something do something the pain the pain - don't just stand there - I don't understand it the pain the pain sharp sharp - this is some adventure. A SRN came into the room at all the noise. I moved the sheet and said look at the awful position she is in, she was lying awkwardly towards the left side with the full length splint now straight and her hips uneven. She cried in pain. I said to the RGN "can we please move her". We moved her together with our arms together under her lower back and the other under her thighs we placed the squatty on her buttocks and within minutes she stopped the screaming.

⑦ Why when returned to bed from the ambulance was her position not checked?

Why was the source of pain not sought?

From 1pm onwards the Charge Nurse Manager frequently checked my Mother. He acknowledged our concern. He acknowledged her obvious pain. We asked for X-rays. We asked what had happened between leaving Haslemere and arrival into her bed at G.W.H. It was acknowledged that "something" had happened

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The charge nurse was concerned for his pain and analgesia was given 3 times before his admission to bpm.

Phillip's ward manager agreed she needed Xray to establish if damage had been done as had occurred to the hip.

Xray Dept refused forms signed PP for the DR who was unavailable.

An appointment for Xray was made for 3.45pm as the DR called was expected at about 3.15pm. The charge nurse did all he could to expedite this - keeping us informed and constantly checking Rottus obvious severe pain. He administered pain relief in readiness for the Xrays. He was courteous and attentive at all times.

DR Barton arrived and we left the room as asked. She examined my Rottus. She stated she did not think there was further dislocation but the Xray would go ahead. A review would be held later when Xrays had been seen.

We went to Xray. My mother was in pain despite her pain relief. I was not allowed in with her as I was the previous week. I could hear her wailing through the doors while the Xray plates were put in place. We returned to the ward. We were told there was no dislocation but obviously something had happened. We were told she would be given Oramorph for the pain 4 hourly through the night for pain relief and reviewed in the morning.

On Tues 18 we arrived on the ward and were told she had had a peaceful night. We were told that she had a massive haemolysis causing pain at the Opsit.

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and the plan of management was to use a syringe driver to ensure she was pain free and she would not suffer when she was washed - moved or changed should she become incontinent.

The outcome of the use of a syringe driver was explained to us fully. We agreed.

A little later Dr Barton appeared and confirmed that a haematoma was present and that this was the kindest way to treat her. She also stated "and the next thing will be a chest infection". Totally insensitive to those already in the final stages of bereavement. Because the syringe driver was essential following the receipt of analgesia for pain - my mother of course would not now regain consciousness, speak, open her eyes to see us, or hear anything anymore. To us Mother as we know he is already gone.

⑧ How was she brought from H&A? Was there an escort? Was anyone in the back with her? When did she start to show pain? What caused it? I request again to see the bsv X-rays. Other decisions were made to do nothing but deal to be pain free.

Answers to the numbered questions are sought in detail.

Trivial things added to our trauma. Her clothing already cash's name tags marked. - had all gone the day after bsv admission for marking - despite my agreeing to do the washing daily.

Asking ^{continually} ~~continually~~ to insisting today that Mother be allowed to wear her own clothes has resulted in them being brought by Taxi from St Marys 8 days later - still unmarked and all totally unnecessary. - as was a staff Nurse yesterday

1) asking to take her day clothes away - "because we get them up here you know". Our reply was - Just look at her - she will not be getting up anywhere.

The contents of events in this report were in the majority witnessed by my elder sister Mrs Mackenzie.

Isley back.

Lesley 19-8-98 retired director of Nursing

Ms Book

Code A

Gladys Richards
Dorothy Ward

Code A

Procter 91 (Name)
Fellin NH - delay in home before after reorgan
→ admitted Hagler → Truaction
→ Heri-avetables
on feet next day
catheter & dialy-

EG & E3
expected progress in 10 day
physio.
Baseme relief / DVT care.

Desire - 1 Consultant re deratist future
nat

Monday - Wed Tuesday
2 solution MRSA - 11-Aug.
~~Diff~~ Diff com - confusion
Daughter explains why pain - too.

Weds - catheter out - told had red because of blood
- knocked - too much
In an chair - no food diet all day.
↓ Tumbled under tree.

Thurs Elderly yard RGN? visited - gave some
K pain.

Daughter visit Susan's pain
5 nurses spoke to - no one noticed fall.
HCSW noticed fall after 1 hr on chair.
Called S/N stated injured - told no it's
only deratist. 5.30 admitted tumble - chair -
floor - better - not seen by doc.

Banister
Atk
Held
Sue
ST

Stayed till 7:30 - nurse sneezed all the
way s/B Ds on Xray

~~CFR~~ Spoke RGN - no don't the doc says
will give pain -

9:30 tele call - say you were right
too late Hasler - pain killer ~~not~~
too faint. left closed.

Friday = XRay at G.W.M.H. → complete dislocation.

Day 11-30 s/B D/CU → T.M.F. Hasler

Consultant said needs surg rednet immediately -
may not want - but blind M.U.A. - G.L. P. s/B
dehydrated & not well so keep 48 hours
till 1 p.m. Sat before come round.

Drip / catheter

Sat / Sun Eat / drink up a foot ? diff between
atig for toilet pain & dislocation

Monday → T.M.F. G.W.M.H.

12:15. Daughter arrives patient screaming in pain
again - H.S.S.V say hole you can feed.

3:30 XRay had to wait for GP as heel not
accept it.

6 p.m. Results no disloc. but haematoma - not told.
? but no need to T.M.F.s would it heat.

Tues

Pain - T.M.C. only → syring driver.
No com now - consultant

? How happened. ? How transfer
Nurse search
till pain occurred.